

# HOSPICE PRIOR AUTHORIZATION FOR PHYSICIAN IN-HOME VISITS

Date of Service:

\_\_\_\_\_  
(MM) (DD) (YY)

Name of Recipient:

\_\_\_\_\_  
(First Name) (Last Name)

Recipient's Medicaid Number:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_ (If no Medicaid Number)

Recipient's Home Address:

\_\_\_\_\_

Attending Physician:

\_\_\_\_\_  
(First Name) (Last Name)

Physician's Medicaid Provider Number:

\_\_\_\_\_

Name of Hospice Provider:

\_\_\_\_\_

Hospice Provider Contact Person :

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Requested Code: \_\_\_\_\_

<u>Code</u>	<u>Service Unit</u>	<u>Code</u>	<u>Service Unit</u>
<b>New Patient</b>		<b>Established Patient</b>	
99341	20 min face-to-face	99347	15 min face-to-face
99342	30 min face-to-face	99348	25 min face-to-face
99343	45 min face-to-face	99349	40 min face-to-face
99344	60 min face-to-face	99350	60 min face-to-face
99345	75 min face-to-face		

## Limitations

Description: Codes 99341-99350 are used for a home visit by the primary managing physician for the evaluation and management of a new hospice patient, which requires (a) a problem focused history, (b) a problem focused examination, and (c) straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Limitations: Codes 99341 through 99350 will only be reimbursed for one physician functioning as the primary managing physician per hospice patient.